

## EQUIPMENT REPAIR REQUEST

**CHSO Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Bureau:** Compliance \_\_\_\_\_ Consultative \_\_\_\_\_

**Location:** Raleigh \_\_\_\_\_ Wilmington \_\_\_\_\_ Charlotte \_\_\_\_\_ Asheville \_\_\_\_\_ Winston-Salem \_\_\_\_\_

**Type of Equipment:** Sound Level Meter & Calibrator \_\_\_\_\_ Air Sampling Pumps \_\_\_\_\_  
Noise Dosimeter & Calibrator \_\_\_\_\_ Air Pressure Gauge \_\_\_\_\_ Velometer \_\_\_\_\_  
Other \_\_\_\_\_  
(Print Name of Equipment)

**Manufacture:** Quest \_\_\_\_\_ Alnor \_\_\_\_\_ Gilian \_\_\_\_\_ Other: \_\_\_\_\_

**Model:** \_\_\_\_\_

**Mfr. Serial Number(s):** \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_;  
\_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_.

**Fixed Asset Number:** \_\_\_\_\_

**Is Equipment New?** Yes \_\_\_\_\_ No \_\_\_\_\_ If **yes**, is it still under warranty? Yes \_\_\_\_\_ No \_\_\_\_\_

**Repair Requested:** Routine Calibration \_\_\_\_\_ Repair \_\_\_\_\_

If other than annual calibration, describe in detail, in space below, what the unit is, or not, doing. Specific Problem identification and operating anomalies are needed to investigate the problem being experienced by user.

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**Date Entered Raleigh Lab:** \_\_\_\_\_ **Delivered By:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Date Repair Completed:** \_\_\_\_\_

**Date Returned to Field Office:** \_\_\_\_\_ **Returned to:** \_\_\_\_\_

**PLEASE FOLLOW-UP WITH CURT DAVIS IF EQUIPMENT IS NOT RETURNED.**